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DATE: 11/26/03

PTO IDENTIFIER: Application Number 09/438,295-Conf. #9121  
Patent Number

Inventor: Katsuki Hazama

MESSAGE TO: Examiner Ly Hua - Group Art Unit 2131

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PAGES (Including Cover Sheet): 25

**CONTENTS:** Response to Non-Final Office Action;  
Amendment Transmittal;  
Transmittal;  
Petition for One Month Extension of Time;  
Certificate of Transmission under 37 CFR 1.8; and  
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PTO/SB/97 (12-97)

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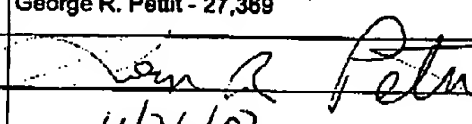
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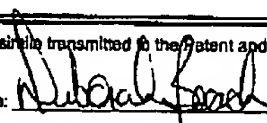
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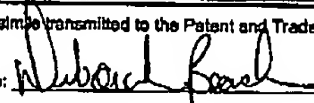
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<b>TRANSMITTAL FORM</b>  <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/438,295-Conf. #9121	
	Filing Date	November 12, 1999	
	First Named Inventor	Katsuki Hazama et al.	
	An Unit	2131	
	Examiner Name	Ly Hua	
Total Number of Pages in This Submission	1	Attorney Docket Number	21737-00013-US

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input checked="" type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD. Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
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<b>AMENDMENT TRANSMITTAL LETTER</b>				Docket No. 21737-00013-US	
Application No. 09/438,295-Conf. #9121	Filing Date November 12, 1999	Examiner Ly Hua	Art Unit 2131		
Applicant(s): Katsuki Hazama et al.					
Invention: MULTILEVEL SEMICONDUCTOR MEMORY WRITE/ READ METHOD THERETO/THEREFROM AND STORAGE MEDIUM STORING WRITE/READ PRO- GRAM					
<b>TO THE COMMISSIONER FOR PATENTS</b>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
<b>Total Claims</b>	35	- 37 =	0	x 18.00	0.00
<b>Independent Claims</b>	13	- 15 =	0	x 88.00	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): One month extension of time					110.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					110.00
<input checked="" type="checkbox"/> Large Entity <span style="margin-left: 200px;"><input type="checkbox"/> Small Entity</span>					
<input type="checkbox"/> No additional fee is required for this amendment.					
<input checked="" type="checkbox"/> Please charge Deposit Account No. <u>22-0185</u> in the amount of \$ <u>110.00</u> . A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
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<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 George R. Pettit Attorney Reg. No.: 27,369 CONNOLLY BOVE LODGE & HUTZ LLP 1990 M Street, N.W., Suite 800 Washington, DC 20036-3425 (202) 331-7111				Dated: <u>11/26/03</u>	
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